

FIG. 1

FIG. 20 "SEE FIG. 10"

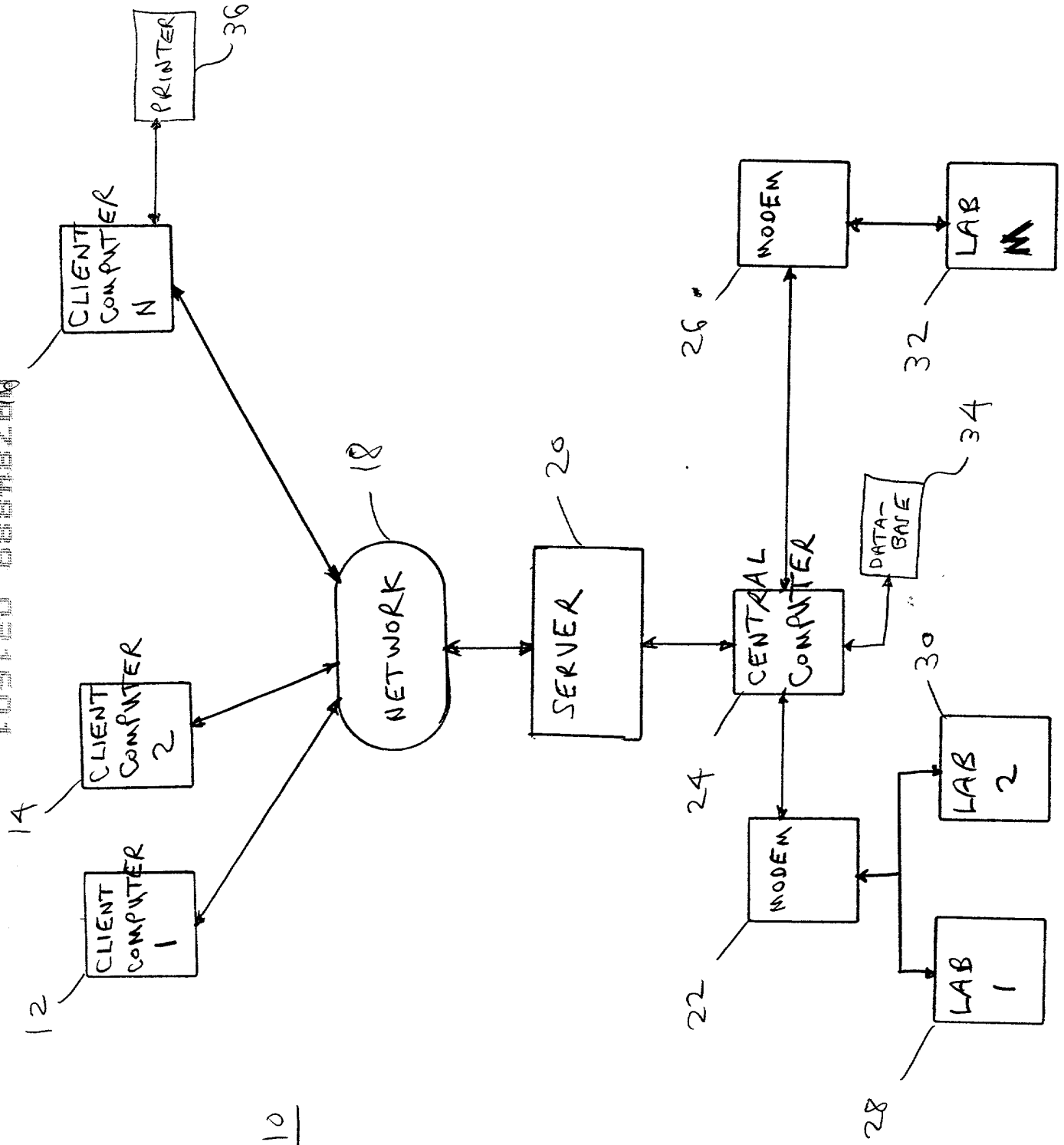


FIG. 2

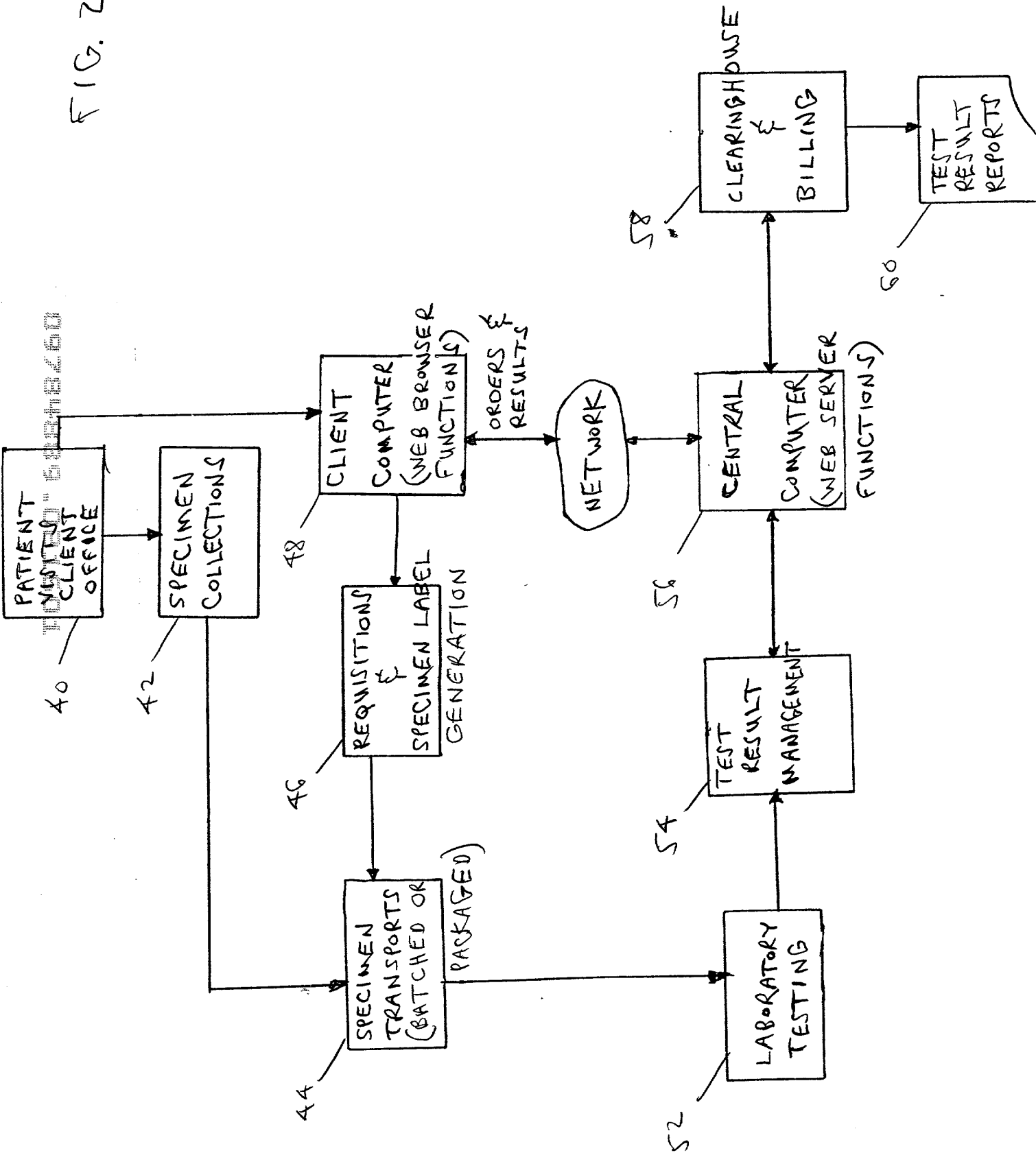


FIG. 3

40

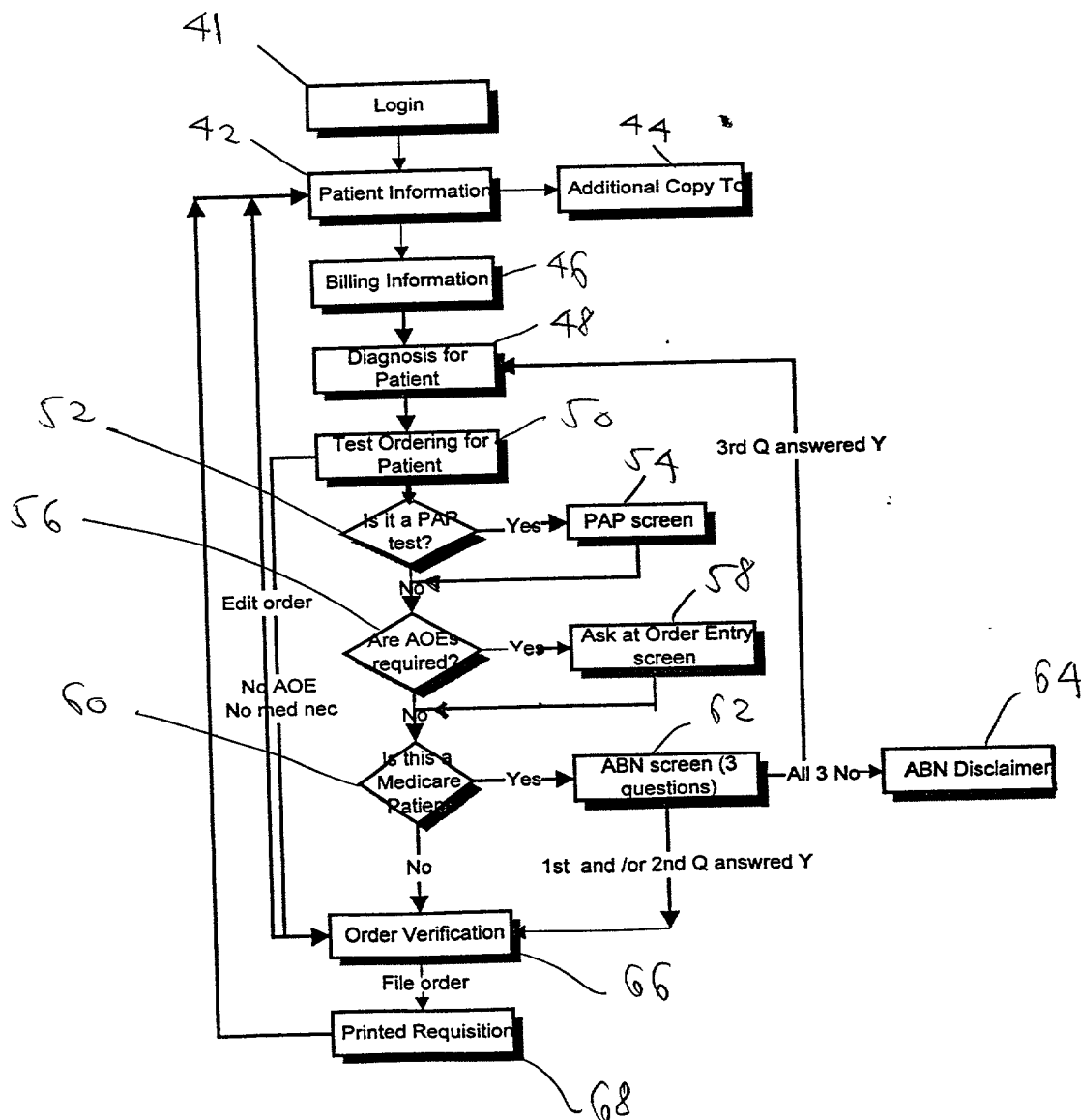
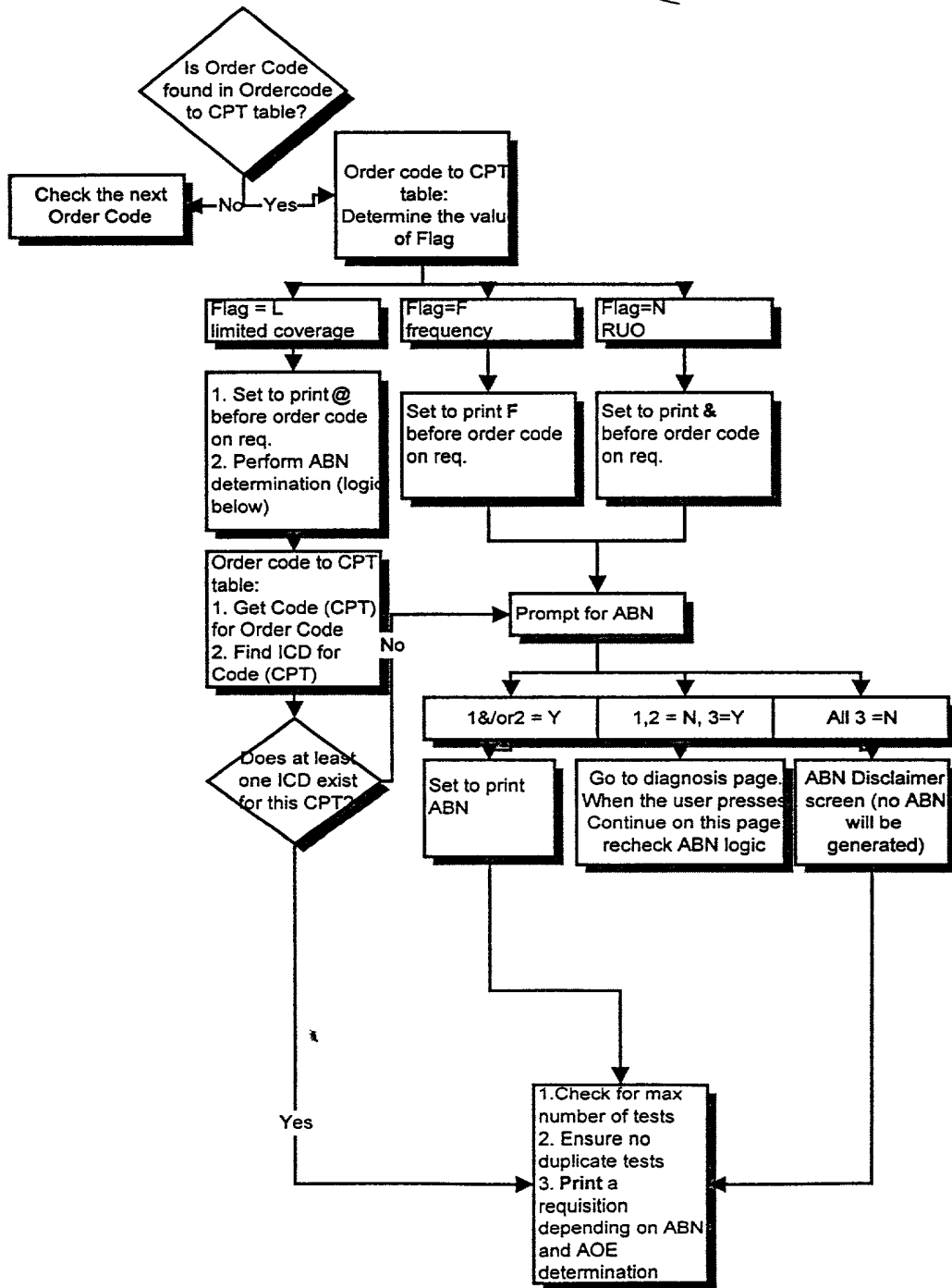


FIG. 4

70



09784889 021604

FIG. 5

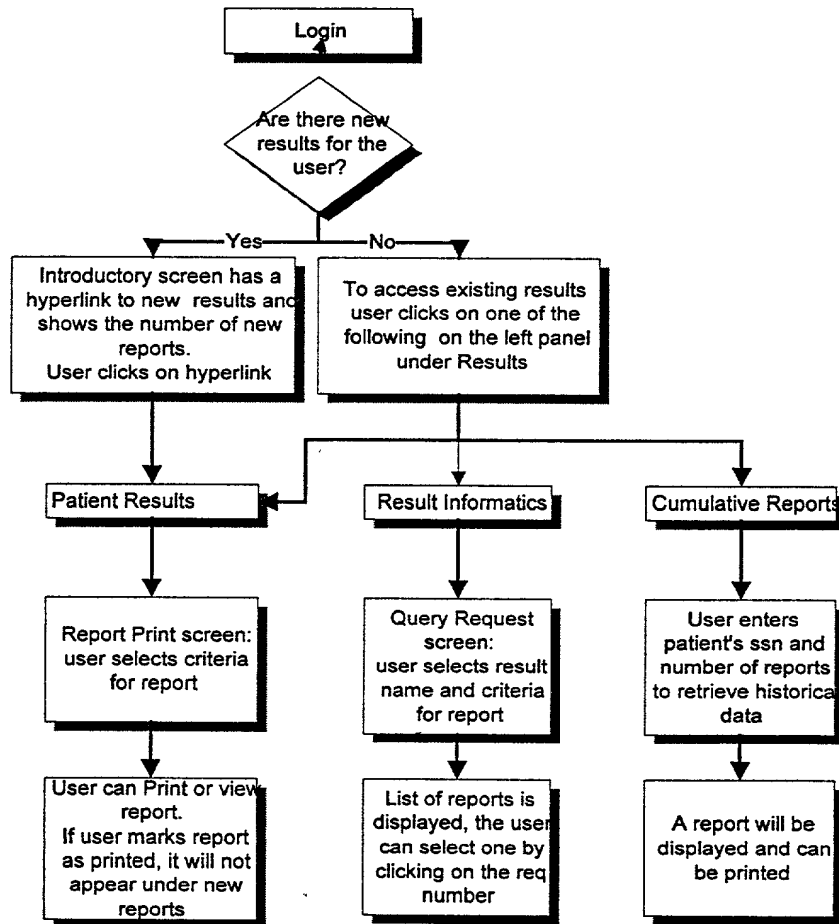
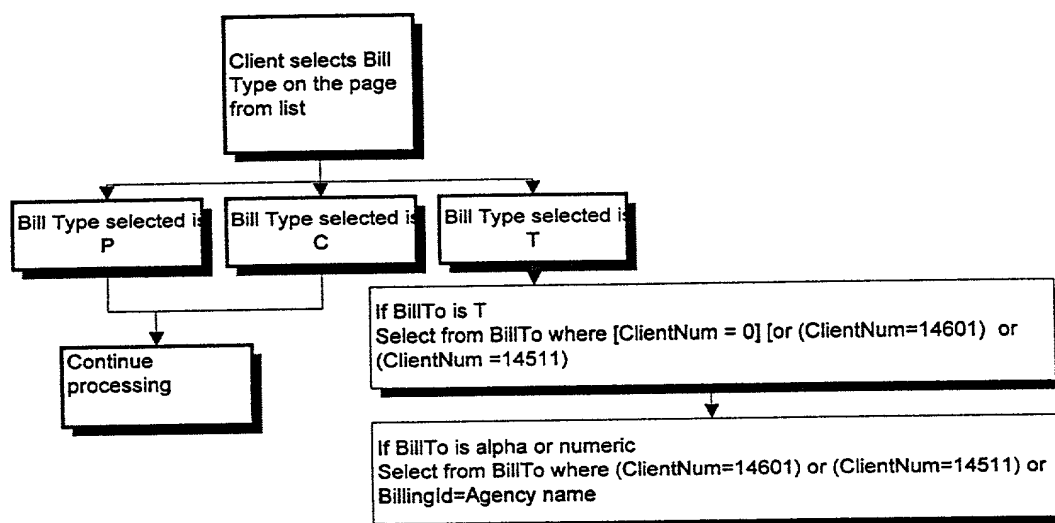


FIG. 6



20240429 09:20:50

Online Clinical Information System

Member Login


User Name:

Password:

[View Security Information/Requirements](#)

FIG. 7A

FIG. 7B



[New Order](#)
[Results](#)
[Inquiries](#)
[Requisition Log](#)
[Batch Manipulation](#)
[Help](#)
[Quit/Logout](#)

Patient Information
Fields marked with an asterisk (*) are required

Client

UPIN

SSN

Additional Report Copies

Patient ID

Other ID

First Name

MI

Last Name

Date of Birth

Relationship

Sex

Bill Type

Street Address

City

State

Zip

Phone

Result Notification

Fax Number


Batch

Reporting Comments

Internal Comments

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FIG. 7C



Quest Diagnostics

New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Billing Information for Patient: Testing, Olga
Responsible Party Information

Bill To: Insurance - Relationship: Spouse
 SSN 201201201 Fields marked with an asterisk (*) are required

First Name * MI Last Name *
 Olga Testing

Date of Birth (MM/DD/YYYY) * Sex *
 09/11/1976 Female

Street Address * City *
 Any LODI


State * Zip * Phone *
 Alabama 07644 2019999999

Insurance Carrier * OR Generic Carrier
 MEDICARE(MCR) Select One

Insurance ID * Group Number Referring Physician Provider ID *
 123456789A Test Code

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FIG. 7D



Quest Diagnostics

New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Diagnosis for Patient: Testing, Olga
Diagnosis

max codes allowed 10
diagnosis code is required.

☐ 101 - VINCENT'S ANGINA

☒ 20781 - TENSION HEADACHE NOS

☐ V149 - HX DRUG ALLERGY NOS

☐ E9323 - ADVEFF INSULIN/NTIDIA8

☐ 123 - OTHER CESTODE INFECTION*

☐ 1101 - DERMATOPHYTOSIS OF NAIL

☐ 7385 - CHEST PAIN*

☐ V150 - HX OF ALLERGY NEC

☐ 64834 - ABN GLUCOSE-POSTPARTUM

☐ V723 - LABORATORY EXAMINATION

☐ 3200 - HEMOPHILUS MENINGITIS

☐ 734 - FLAT FOOT

☐ V198 - FAMILY HX ALLERGIC DIS

☐ 2359 - ANEMIA NOS

Clear Codes

Edit ICD Grid


Description: _____

Search by: ☐ Code ☒ Description

Code	Description

FIG. 7E

105120 55548460



Quest
Diagnostics

[New Order](#)
[Results](#)
[Inquiries](#)
[Requisition Log](#)
[Batch Manipulation](#)
[Help](#)
[Quit Logout](#)

Test Ordering for Patient: Testing Olga

Date Collected	Time	Total Volume (ml)	Duration (hrs)	Status
1/5/2001				C

<input type="checkbox"/> 442 DRUG (U) <input type="checkbox"/> 58198 C TRACHOMATIS & N <input type="checkbox"/> 60000 DNA LCP URINE <input type="checkbox"/> 69039 ANTINUCLEAR ANTIBODIES <input type="checkbox"/> 10124 CARDIAC CRP	<input type="checkbox"/> 7005 ALLERGY EVALUATION #5 BY PCS, NORTH CENTRAL <input type="checkbox"/> 7260 THYROID AUTOANTIBODIES <input type="checkbox"/> 1212 CHOLESTEROL, ANIMAL <input type="checkbox"/> 800 HDL CHOLESTEROL	<input checked="" type="checkbox"/> 7543 # CREATININE CLEARANCE <input type="checkbox"/> 21174 ANTINUCLEAR ANTIBODIES PANEL SPECIFIC <input type="checkbox"/> 2500 HEPATITIS B CORE AB TOTAL (REPL) <input type="checkbox"/> 2500 HEPATITIS B CORE AB TOTAL (REPL)
--	---	--

[Edit Custom Order Grid](#)
[Standing Order](#)
[Directory Of Services](#)

Order Codes	max codes allowed 15	Clear Codes
418		

Description:

Search by: C Code C Description

Order Code	Description

FIG. 7F

Standing Orders for Patient:		Testing, Olga		
Standing Order Codes: <i>max codes allowed 15</i>		<input type="button" value="File Standing Orders"/>		
Reminder: Only order those tests which are medically necessary for the diagnosis and treatment of the patient.				
Optional Expiration Date:		<input type="text"/>		
<input type="text" value="418"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description: <input type="text"/>				
Search by: <input type="text"/>		<input type="radio"/> Code <input type="radio"/> Description <input type="button" value="Search"/>		
Order Code	Description			
<input type="text"/>				
<input type="button" value="Close"/>				

FOI20-68848460

FIG. 7G

Directory of Services	
Order Code	418 <input type="button" value="Display"/>
Description	DIGOXIN
Search by	<input checked="" type="radio"/> Description <input type="radio"/> Code
Search String	<input type="text"/> <input type="button" value="Search"/>
Code	Description
<input type="button" value="Quit"/>	

FIG. 7H

Directory of Services	
Code: 418	Description: DIGOXIN
<p>Preferred Specimen : 1 ML SERUM - DO NOT COLLECT IN SERUM SEPARATOR TUBE. COLLECT AS TROUGH AT LEAST 6-8 HOURS AFTER DOSE.</p> <p>Specimen Container : PLASTIC SCREW CAP VIAL</p> <p>Specimen Volume : 0.5 ML</p> <p>Transport Temperature : AMBIENT</p> <p>Specimen Stability : AMBIENT: 5 DAYS REFRIGERATED: 10 DAYS</p> <p>Reject Hemolysis : NO</p> <p>Reject Lipemia : NO</p> <p>Reject Thaw/Other : SERUM SEPARATOR TUBE</p> <p>Methodology : IMMUNOASSAY</p> <p>CPT Code(s) : 80182</p> <p>(The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)</p>	
<input type="button" value="Back"/> <input type="button" value="Add To Order"/>	

T09T20" 688484.60

FIG. 7 I

Client Defined Order Grid Definition		
Client: 87562840 - TEST CLIENT (HQ)		
Grid Preview		
<input type="checkbox"/> 948 DMC (U)	<input type="checkbox"/> 7905 ALLERGY EVALUATION #5 B, PCS, NORTH CENTRAL	<input type="checkbox"/> 7943 # CREATININE CLEARANCE
<input type="checkbox"/> 76198 C TRACHOMATIS & N. GONORRHOEAE, DM, LCR, URINE	<input type="checkbox"/> 7260 THYROID AUTOANTIBODIES	<input type="checkbox"/> 21174 ANTINUCLEAR ANTIBODIES PANEL, SPECIFIC
<input type="checkbox"/> 26830 ANTINUCLEAR ANTIBODIES PANEL, COMPREHENSIVE	<input type="checkbox"/> 1212 CHOLESTEROL, ANIMAL	<input type="checkbox"/> 2580 HEPATITIS B CORE AB TOTAL (REFL)
<input type="checkbox"/> 40124 CARGO CRP	<input type="checkbox"/> 608 HDL CHOLESTEROL	
Code	Display Name	
418	418 DIGOXIN	
<input type="button" value="Insert"/> <input type="button" value="Remove Last"/> <input type="button" value="Remove All"/> <input type="button" value="Remove Selected"/>		
<input type="button" value="Search"/> <input type="button" value="Select"/>		
Code	Description	
<input type="button" value="Cancel"/> <input type="button" value="Save"/>		

FOI b6 b7C b7D

FIG. 7J

Order Code	Component	Question	Answer
7943	CREATININE CLEARANCE	HEIGHT FEET	
		HEIGHT INCHES	
		WEIGHT POUNDS	
		URINE VOLUME	
		COLLECTION TIME	
		<<Back	Continue>>

FIG. 7K

Please Note:
A signed Advance Beneficiary Notice (ABN) is required for this requisition and must accompany the sample.

ABN Queries

1. Will the patient sign an ABN form? ☐ Yes ☐ No

2. Is the patient here to sign an ABN? ☐ Yes ☐ No

3. Are there any other medically appropriate diagnosis codes in the patient's chart for this date of service? ☐ Yes ☐ No

Submit

[ABN Rules Documentation](#)

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09724133 021604

FIG. 7L

FD-320 (Rev. 6-60)

Great
Displacement

Doe, Jane M
Client : 97502840
Req : 0030486




FIG. 7 M

Order Verification for Patient: Testing, Olga	
Client	97502840 - TEST CLIENT (HQ)
UPIN	D09876 - Test, Doc
Patient Information:	
SSN	201201201
Last Name	Testing
First Name	Olga
DOB	09/11/1976
Address any	
State	AL
Phone	2019999999
Billing Type	Insurance
ID	123456789012345
MI	
Sex	F
City	LODI
Zip	07644
Responsible Party:	
Relationship	Spouse
SSN	201201201
Last Name	Testing
First Name	Olga
DOB	09/11/1976
Address any	
State	AL
Phone	2019999999
Group #	
Ins ID	123456789A
Physician ID	Test, Doc
Insurance Carrier	MCR - MEDICARE
Tests Ordered:	
Code	Description
7943	# CREATININE CLEARANCE
418	DIGOXIN
Refquisition Level Diagnoses:	


FOI20158848460

FIG. 7N

End		Next Page		Prev Page		Print Labels		3							
															
9750284000004270															
Reg #: 0000427 Client #: 97502840															
TEST CLIENT (HQ) THOMAS MORAK 1201 S COLLEGEVILLE RD COLLEGEVILLE, PA 19426-2998					For Lab Use										
					<table border="1"><tr><td colspan="2">PATIENT INFORMATION</td></tr><tr><td colspan="2">Testing: Olga any</td></tr><tr><td colspan="2">LODI, AL 07644</td></tr></table>					PATIENT INFORMATION		Testing: Olga any		LODI, AL 07644	
PATIENT INFORMATION															
Testing: Olga any															
LODI, AL 07644															
Collection Date: 01/05/2001 Urine Volume: Hours: Time: Fasting:			Pat ID #: 123456789012345 DOB: 09/11/1976 Order Priority: Normal			SSN #: 201201201 Sex: F									
Ref Physician: Ref Physician #: Test,Doc U.P.I.N: D09876			Responsible Party: Olga Testing any LODI, AL 07644 Carrier: MCR - MEDICARE Insurance #: 123456789A SSN: 201201201 DOB: 09/11/1976			Bill Type: Insurance Phone: 2019999999 Group #: Relation: Spouse Sex: F									
ICD Diagnosis Code(s): 20701															
Client #: 97502840 Reg : 0000427 Patient : Testing, Olga PID : 123456789012345					Client #: 97502840 Reg : 0000427 Patient : Testing, Olga PID : 123456789012345										
ABN Message Medicare will only pay for services that it determines to be reasonable and necessary under section 1802 (b) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Tests ordered by your physician and identified on this request with the 'G', 'S' or an 'F' symbol are likely to be denied for payment. These tests designated with the 'G' symbol are likely to be denied for payment because Medicare usually does not pay for these tests for the reported diagnosis. These test designated with the 'S' symbol are likely to be denied because the test is performed using a kit that is non-FDA approved/experimental. The Occult Blood and PSA laboratory tests that are designated with an 'F' symbol are likely to be denied because Medicare usually does not pay for these tests. (This is a test of the Medicare program.)															

103120 158343 650

FIG. 8A



Quest Diagnostics

New Order
Results

Patient Results
Cumulative Reports
Result Informatics

Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Report Print

Client: [87] TEST CLIENT (HO) - 97502840

Reports: ☒ New ☐ Previously Printed ☐ New Reports Available: 67

Patient Name: _____

Requisition: _____

Date Range: Start Date (mm/dd/yyyy) 09/27/2000
End Date (mm/dd/yyyy) 01/05/2001

Result Types: ☒ Abnormals Only ☐ Normals Only ☐ All


Sort By: ☒ Patient Name ☐ Req ☐ Date

Report Status: ☒ Final Only ☐ Partial Only ☐ All

Collate: ☒ Descending ☐ Ascending

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FIG. 8B



Quest Diagnostics

New Order
Results

Patient Results
Cumulative Reports
Result Informatics

Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Selected Reports						Page 1 of 1	
Requisition	Accession	Patient Name	Date	Status	Abnormal	Print	View
0000193	TP003592T	GULLERY, VICKY T	11/10/2000	Final	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000195	TP003593T	GULLERY, VICKY T	11/10/2000	Partial	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000196	TP003594T	GARY, TOLENTINO M	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0000197	TP003595T	DOMENICI, HENRY M	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002083	TP003603T	T, T	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002084	TP003624T	TEST, COPYTO	11/14/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002120	TP003687T	TEST, COPYTOS	11/27/2000	Final	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>
0002141	TP003709T	TESTING, DAVE	11/28/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>

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FIG. 8C

Requestion Number: 0000193
 Patient Name: GULLERY, VICKY T.
 Age: 7M
 Birth Date: 03/18/2000
 Gender: F
 Social Security Number: 564902765
 Accession Number: TP003592T
 Urine Volume:

Client: 97502840
 Referring Physician: D11111
 Room Number:
 Patient Id: PID222
 Collected: 11/07/2000 11:10AM
 Logged: 11/07/2000 02:55PM
 Reported: 11/10/2000 04:50PM

Report Comments: THIS IS A REPORT COMMENT
 FASTING

Report Name	Results	Units	Reference Range	Site
LIPID PANEL				
TRIGLYCERIDES	200 (M)	MG/DL	<200	IP
CHOLESTEROL, TOTAL	190	MG/DL	NOT DEFINED	IP
HDL-CHOLESTEROL	38	MG/DL	NOT DEFINED	IP
LDL-CHOLESTEROL	90	MG/DL (CALC)	NOT DEFINED	IP
CHOL/HDL-C RATIO	4.5 (M)	(CALC)	<4.45	IP
LYME DISEASE IGG, ABS, WESTERN BLOT				AI
100	POSITIVE		NEGATIVE	
BANDS PRESENT	10			IP
HEPATITIS B CORE AB TOTAL				IP
HEPATITIS B CORE AB TOTAL	NON-REACTIVE		NON-REACTIVE	IP
FERRITIN	45	NG/ML	12-113	IP
THYROID STIMULATING HORMONE	2.4	MICRO IU/ML	0.4-5.5	IP
DISOPYRAMIDE	0.5 (L)	MG/L	2.0-5.0	IP

POTENTIALLY TOXIC: > 5.0
 Back Print

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FIG. 8D

Query All Patients Request

Client: TEST CLIENT (HQ)
 Result Name: SODIUM (25000400)
 Date Range: Start Date* (mm/dd/yyyy) 09/04/2000
 End Date* (mm/dd/yyyy) 12/13/2000
 Age: Greater than or Equal To
 Less than or Equal To
 Sex: All ☒
 Male ☐
 Female ☐
 Unknown ☐
 Value: Greater than or Equal To
 Less than or Equal To
 Abnormals Only ☐
 Sort By: Patient Name ☒
 Req ☐
 Value ☐
 Collate: Descending ☐
 Ascending ☒
 Quit Query Reset

10974489 "021501"

FIG. 8E

Query Results						Page 1 of 2
Registration	Collection	Client Name	DOB	Age	Sex	Height
0001772	09/07/2000	DUGAN, CAROLE L	01/03/1957	43	F	140
0001679	09/10/2000	DUGAN, CAROLE L	01/03/1957	43	F	145
0001881	09/11/2000	DUGAN, CAROLE L	01/03/1957	43	F	TNP
0001859	09/18/2000	DUGAN, CAROLE L	01/03/1957	43	F	140
0001774	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	140
0001775	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	145
0001776	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	147 - H
0001778	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	134 - L
0001779	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	145
0001781	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	137
0001782	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	136
0001784	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	139
0001785	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	140
0001786	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	147 - H
0001787	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	136
0001788	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	150 - H
0001789	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	138
0001790	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	135
0001791	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	148 - H
0001792	09/07/2000	LABORDE, LESLIE	08/04/1977	23	F	142

Quit New Query Next

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FIG. 8F

Cumulative Reporting

Client: TEST CLIENT (HQ)

SSN: _____

Number of Reports to go back: 2

Quit Query

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109120" 5343.60

FIG. 9A

Quest Diagnostics

New Order
Results
Inquiries
Diagnosis Codes
Test Dictionary
Insurance Companies
Eligibility
Verification
Requisition Log
Batch Manipulation
Help
Quit Logout

Search

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Code	Report Title
------	--------------

FIG. 9B

Selection

Insurance Company: Select Insurance

Member Number:

Member's Social Security #:

Member's Birth Date: / /

Member's Last Name:

Date of Service: / / 2001

Quit Query Reset

Response

Status
Name
Gender
Member/Insured Id Number
Social Security Number
Responsible Party Address
Responsible Party Phone
Contract Number
Service Number
Group Number
Third Party Forms Code
Relationship Code
Bill To

FIG. 10

Requisition Log Report Request	
Fields marked with an asterisk (*) are required.	
Client(s)	TEST CLIENT (HQ) NORD, JANICE MD FAMILY MEDICINE OF MIAMI, PA FRIEDMAN, ROBERT MD GALINSKY, MARCY MD
Order Type	<input checked="" type="radio"/> Quest Only <input type="radio"/> Non-Quest Only <input type="radio"/> All
Date Type	<input checked="" type="radio"/> Order Date <input type="radio"/> Collection Date
Date Range	Start (mm/dd/yyyy): 12/06/2000 End (mm/dd/yyyy): 01/05/2001
Sort By	<input checked="" type="radio"/> Date <input type="radio"/> Patient Name
<input type="button" value="Quit"/> <input type="button" value="Query"/>	

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FIG. 11

Batch Processing	
Ordering Client	TEST CLIENT (HQ)
Open Batches	200010270001 (RTN)
Selected Batch	200010270001
Status	Open
<input type="button" value="Print"/> <input type="button" value="Close Batch"/> <input type="button" value="ReOpen"/> <input type="button" value="Quit"/>	
New Batch	
Specimen Condition:	
<input type="radio"/> Refrigerated <input type="radio"/> Room Temperature <input type="radio"/> Frozen	
<input type="button" value="Create Batch"/> <input type="button" value="Quit"/>	

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FIG. 12

Electronic Requisition System - Microsoft Internet Explorer

Address: http://156.30.30.12/scripts/mgwms32.dll

Quest Diagnostics

New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Customer
Feedback
Quit Logout

Test Ordering for Patient: Testing, Olga

LabCorp

Client: Select One

Order Information

Date Collected	Time	Total Vol. (ml)	Duration (hrs)	Fasting

Order Codes:

max codes allowed 15
order code is required

Description:

Comments:

13:12 Minutes before Noon

Local Internet

103120 58848/50